Please type a plus sign (+) inside this box [+]

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/539,519; Conf #2864
	Filing Date	June 17, 2005
	First Named Inventor	Frederic Berier
	Art Unit	3737
	Examiner Name	Joel M. Lamprecht
	Attorney Docket Number	17452/016001

I hereby revoke all previous powers of attorney given in the above-identified application.

[X] A Power of Attorney is submitted herewith.

OR

[ ] I hereby appoint the practitioners associated with the Customer Number: [   ]

[X] Please change the correspondence address for the above-identified application to:

[X] The address associated with Customer Number: | 22511 |

OR

Firm or Individual Name	
Address	
City	
Country		State		Zip	
Telephone		Email	

I am the:

[ ] Applicant/Inventor.

[X] Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record			
Signature	*(signature)*		
Name	ALEXANDRE LOISEAU	, Title: President	, of Mauna Kea Technologies
Date	28/9/09	Telephone	+011 33 1 48 240 621

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[X] *Total of ___3___ forms are submitted.

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